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Application Number	10/614,768
Filing Date	July 8, 2003
First Named Inventor	Lorraine Faxon Meisner
Art Unit	1655
Examiner Name	
Attorney Docket Number	683885-0073

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

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☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature

*Lorraine F. Meisner*

Name

Lorraine Faxon Meisner

Date

June 11, 2007

Telephone

608-233-3679

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 1 forms are submitted.

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